

State Advisory Council on Aging

2005 Annual Report

to the

Michigan Commission on Services to the Aging

Health Promotion/Disease Prevention

“Wake the town, tell the people!”

Commissioner Liana Bachand, Chairperson

April 2005



STATE OF MICHIGAN
OFFICE OF SERVICES TO THE AGING
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

SHARON L. GIRE
DIRECTOR

April 6, 2005

Dear Chairperson Kennedy and fellow Commissioners:

It gives me great pleasure to transmit to you the 2005 Annual Report of the State Advisory Council on Aging. In response to the Commission's charge for this term, the Council has explored and discussed health promotion and disease prevention for older adults. This topic has brought us new information and we are pleased to share our recommendation and report with you.

We also continued to follow Michigan's activities to promote and create "elder-friendly/livable" communities. As noted in the 2004 report, this is a timely issue and appears to be gathering momentum. We are pleased to note increased involvement of Michigan's aging network in local community initiatives.

I believe you will find this report informative and appreciate your thoughtful consideration of the Council's recommendation and suggested implementation steps.

On behalf of the Council, I wish to express our thanks to Director Sharon Gire and the staff of the Office of Services to the Aging for their assistance and support during the year. The Office has demonstrated its dedication to improving the health and well-being of older adults. I also wish to thank Commissioners Kennedy, Malone, Gill, and Wishart for attending Council meetings. Finally, thanks to the Commission for allowing me the opportunity to work with State Advisory Council on Aging. The Council deeply appreciates your interest and support.

Sincerely,

A handwritten signature in cursive script that reads "Liana M. Bachand".

Commissioner Liana Bachand
Chairperson, State Advisory Council

**2005 ANNUAL REPORT
STATE ADVISORY COUNCIL ON AGING**

Health Promotion/Disease Prevention

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EXECUTIVE SUMMARY and RECOMMENDATIONS

“Wake the town, tell the people!”

The health of the American public has become a central concern in many domains: federal, state, and local governments, health research institutes, private foundations, health insurers, the medical community, and disease-based organizations. These entities recognize that the population’s health status has worsened and that individual choices and changes are crucial to regaining good health. In 2000, according to the Public Health Service, U. S. Department of Health and Human Services, poor diet coupled with lack of exercise was the second leading cause of death in the U.S., accounting for an estimated 17% (400,000) of deaths. Tobacco use was the leading cause, however, the gap between these two factors had narrowed considerably in the past decade. The State Advisory Council on Aging began its discussion of health promotion/disease prevention by identifying some issue areas for presentations. Despite the fact that more issues were raised than time would allow, several key topics were explored. Some of the issues considered were nutrition and health; state and local public health initiatives; urban minority health status; and specific disease prevention initiatives, e.g., diabetes. These are discussed in other sections of the report.

Council members expressed the concern whether health promotion/disease prevention initiatives were even directed at older people. Despite research indicating that even those age 75 or older could benefit from adopting some health habit such as walking or eating better, the Council was concerned that the aging network, service providers, and health care systems were failing to give older adults the health promotion message.

The Council was also concerned that people in mid-life realize the importance of making healthy choices and take advantage of the health promotion opportunities. For those who work with older adults, the Council supported staff participation in health promotion activities. They adopted the principle that you must be willing to do what you ask of others. Council members' activities, including some of these practices, are listed in subsequent sections.

Michigan has many weaknesses and shortcomings in the area of health. We have high numbers of obesity and low numbers of physical activity among our population, yet we have an abundance of knowledge and experience in our healthcare resources. We have dedicated health advocates, such as the Michigan Surgeon General, and we have available programs to help support healthy choices. The Council identified two factors as significant: an “elder friendly” community will include health promotion/disease prevention activities for people of all ages, and the aging network must be the “town crier” to reach older adults with the message that it’s never too late to make healthy choices.

The State Advisory Council on Aging, therefore, recommends that the Commission on Services to the Aging, the MI Office of Services to the Aging, and the Area Agencies on Aging focus on health promotion/disease prevention as a means of aging in place.

The State Advisory Council on Aging suggests the following action steps to implement this recommendation:

- Provide informal education, community forums, or other outreach to older adults on health promotion/disease prevention.
- Utilize community volunteers to help increase health awareness, increase physical activity, and support older adults in becoming more active.
- Distribute the Michigan’s Surgeon General's “Prescription for a Healthier Michigan” to senior programs, services, and healthcare providers.
- Provide incentives/recognition for community and individual participation in health promotion activities.
- Develop partnerships with organizations/entities outside the aging network to reach mid-life people with information and opportunities for health promotion/disease prevention.
- Utilize existing collaborative entities, e.g., multi-purpose collaborative bodies, to focus on health promotion/disease prevention activities.
- Identify opportunities for health promotion/disease prevention activities in the planning and delivery of services, such as information and assistance, housing, transportation, and community and in-home services.
- Explore innovative outreach to Chambers of Commerce, health systems, private and public foundations, and community education resources to reach mid-life and older adults outside the aging network’s service system.
- Support intergenerational health promotion opportunities, such as using schools for walking clubs after classes.

Given the important role of health promotion and disease prevention in being able to continue to live independently, the Council revised the factors that create an “elder-friendly” community by adding a seventh factor. The 2005 factors for an “elder-friendly” community are:

1. Walkability
2. Supportive community systems: the ability to give and receive assistance
3. Access to health care
4. Safety and security
5. Housing
6. Transportation
7. Health promotion/disease prevention programs for all ages

State Advisory Council Meetings: 2004-2005

Meeting Summary

June 2004: The meeting included orientation to the Council, a report on the May Commission meeting, and an update on the Dementia Respite Work Group. A Council member volunteered to serve on the Senior Citizen of the Year nomination committee. The election of the Council vice-chair was held. Following discussion of the charge from the Commission, Council members discussed health promotion/disease prevention and created a list of topics to discuss.

September 2004: In addition to receiving updates on Commission meetings, Medicare Part D changes, and the Dementia Respite Work Group, Council members signed up for the Office of Services to the Aging electronic newsletter. OSA staff gave presentations on healthy aging, nutrition, and the “healthy aging initiative.” Staff also presented information on the revision process of OSA service standards. Council members discussed health factors related to mental, physical, and social health.

November 2004: Dr. Kimberlydawn Wisdom, Michigan’s Surgeon General, discussed Michigan’s health status, health habits’ impact on chronic disease, and her “Prescription for Healthy Michigan” initiative. Department of Community Health staff presented information on specific diseases and current initiatives to improve disease management. The Council discussed opportunities to increase older adults’ knowledge of the four diseases.

January 2005: Health and community factors were the focus of this meeting. Detroit experts addressed health concerns of older adults living in urban areas. Selected area agency staff described their agencies’ efforts to create elder friendly communities through various methodologies. Michigan State University’s Cooperative Extension Service presented a proposal for recognizing elder-friendly communities. The Council began discussing draft recommendations and proposed report format.

March 2005: Office of Services to the Aging staff discussed the public forums planned for April-May to explore the aging public policy issues of health, caregiving, economics, and community. The Council received information from staff and members of the health committee and community committee. Members refined the draft recommendation, discussed the report format, and planned for the April joint meeting with the Commission on Services to the Aging.

Health Promotion/Disease Prevention

The State Advisory Council on Aging recommends that the Commission on Services to the Aging, the MI Office of Services to the Aging, and the Area Agencies on Aging focus on health promotion/disease prevention as a means of aging in place.

The Council began its discussion of health promotion/disease prevention by identifying some issue areas for presentations. Topics discussed included nutrition and health; state activities in health promotion/disease prevention; urban, minority health status; and an update on elder-friendly/livable community projects. Each of these is discussed below.

An overriding concern of Council members was whether health promotion/disease prevention initiatives were even directed at older people. Despite research indicating that even the old-old (80 years old and better) could benefit from adopting some health habit such as walking or eating better, the Council was concerned that the aging network and the service and health care systems were failing to give older adults the health promotion message.

The Council noted that people in midlife need to realize the importance of making healthy choices and take advantage of the health promotion opportunities. For those who work with older adults, the Council supported staff participation in health promotion activities. They adopted the principle that you must be willing to do what you ask of others. These efforts are commendable.

Finally, the Council described their own efforts to support livable communities and improved health among older adults. Council members bring a wealth of experience and resources to the meetings and demonstrate that they also take the information and knowledge gained back to their communities.

Michigan faces a national challenge to improve the health of its population. While there are many complex factors, it is recognized by experts that even the simplest changes made by an individual can be effective. We have resources and programs to help people make healthy choices. We know what needs to be done. The Council urges the aging network to be the “town crier” to reach older adults with the message that it’s never too late to make healthy choices.

NUTRITION AND HEALTH

The goal of nutrition services is to prevent chronic disease. Nutrition services provided through the Older Americans Act and state funds are among the oldest programs for older adults and continue to be one of the most important. Nutrition services include congregate meals and home-delivered meals. Congregate meals are provided at local sites, often senior centers or community locations. Home delivered meals or “meals on wheels” are meals prepared at a central kitchen and delivered by volunteers to people unable to attend a meal site or prepare their meals.

The Office of Services to the Aging (OSA) has undertaken a review of the standards for home-delivered meals. A work group of dietitians was assigned to do this. Meal programs must anticipate changes in eating habits and be responsive to health guidelines. For example, there is a current media campaign to promote “five a day.” Five fruits or vegetables a day have been shown to have beneficial impact on health. Increased fruit and vegetable intake can reduce blood pressure and lower the risk of

heart disease. According to the latest research in dietary nutrition, the best amount is seven to nine (7-9) servings of fruit and vegetables a day. Everyone could benefit from the additional amount.

Another health factor in meal planning is salt. Other states' dieticians have already lowered the sodium content in home-delivered meals, and Michigan's level needs to be reduced. Many people notice the reduction of salt in food. It takes about 2 weeks of reduced salt intake for taste buds to adjust. Recommendations to substitute salt include the use of herbs and other non-sodium seasonings. People should also look for high sodium in canned or other prepared foods and may find that salt is a "hidden" ingredient on menus.

In the past few years, fewer participants at congregate meal sites have resulted in the closing of some sites. While part of the loss can be attributed to an increased number of people receiving home-delivered meals, some area agencies on aging developed a voucher program that can be used at select local restaurants. Restaurant voucher programs allow individuals to select food choices within the parameters of the voucher's value.

As anyone who has prepared a meal for a large group of people knows, personal preferences, eating patterns, and the availability of ethnic foods are also factors when attempting to plan a menu. Nutrition programs are challenged by the dual goal of providing meals that are both healthy and appealing to the recipients.

Some additional advice the Council received on nutrition was that many dieticians do not recommend low carbohydrate diets, but a modified "low carb" diet can be helpful to some people. The "Mediterranean" diet is often viewed as being expensive. If a person replaces "empty calorie" foods, e.g., snack foods; with healthier choices, the cost would not be a factor. Snack foods tend to be expensive and provide little, if any, nutritional value. It was noted that many Americans eat more protein than needed, and including more vegetable dishes can help with diseases that can affect kidney function, such as diabetes and hypertension.

"Sedentary death syndrome" is a term used for diseases caused by lack of activity/exercise. This is the syndrome cited by the U.S. Public Health Services as being the second leading cause of death in 2000. A poor diet and lack of exercise can lead to excess weight and lack of cardiovascular health. Heart disease and diabetes, Type 2, are linked to excess weight and inactivity. Dieticians recommend the American Heart Association cookbook as a model for healthy recipes.

STATE INITIATIVES IN PUBLIC HEALTH

Dr. Kimberly Dawn Wisdom, Michigan's Surgeon General, addressed the Council. Dr. Wisdom is the first state Surgeon General in the nation. She has traveled the state extensively, reaching out to groups and seeking partners to help rebuild Michigan's public health system. Public health today is guided by science and changes are done in collaboration.

There are many healthcare challenges facing Michigan today: rising healthcare costs; increasing rate of obesity; smoking; heart disease and diabetes; and physical inactivity. Physical health is linked to fiscal health, since healthy people utilize less health care. Prevention is a key factor, yet only one out of four Michigan adults engage in 30 minutes of exercise a week.

Promoting a healthy lifestyle is an important factor and a priority area. In issuing the "Prescription for a Healthier Michigan" report, Dr. Wisdom cited many studies supporting activities such as walking

programs. The prescription for a healthier Michigan has three points. Move More: engage in some physical activity, such as walking, on a regular basis. Eat Better: improve your food choices to include more sources of nutrition, such as fruits and vegetables, while reducing your consumption of “empty calorie” snack foods. Don’t Smoke: as noted in the Executive Summary, tobacco use is the leading factor in deaths nationally.

The Council supports programs that encourage older adults to retain or begin physical activity. The Director of the National Institute of Aging reported the following on senior health:

“Reducing Disease and Disability: Evidence of the beneficial effects of exercise on older people continues to increase. In a study last year, researchers assessed the results of a resistive strength-training program on men and women in two age groups, 20–30 and 65–75. They found that the effects of the program did not differ between the two groups: Participants in both age groups increased strength and showed similar increases in muscle mass and in resting metabolic rates, which generally decrease with age.” (*Richard J. Hodes, M.D., Director, National Institute on Aging, April 8, 2003*).

The Department of Community Health has taken many steps to improve public health. In fact, “Public Health Steps Up” is a program that encouraged staff of public health departments and the Department of Community Health to increase their activity levels by walking. To understand the role of prevention of diseases and conditions, visit the Michigan Department of Community Health website, Michigan Steps Up. The website provides information links and web-based tools designed to help Michigan residents “Move More, Eat Better, Don’t Smoke.”

The MI Rx program is a discount drug card available to eligible Michigan residents, and brochures are available from public health departments and other community sites. “Stronger, Longer” is a health brochure for older adults, encouraging healthy activities.

Arthritis: The Department of Community Health has specific initiatives on arthritis and arthritis prevention. People 45-54 years old constitute the largest group for the diagnosis of arthritis. Several diseases are grouped under the heading of “arthritis,” including fibromyalgia, Lyme disease, lupus, gout, and variations of arthritis.

Three million Michigan adults have arthritis, with the largest proportion being in the 45+ age groups; 65+ year olds are the most affected age group (69%). Michigan has an Arthritis Action Plan and works in collaborative partnerships with local communities and organizations. One of the activities is to increase awareness about the important role of physical activity. Walking is especially beneficial to people with arthritis.

The Council discussed the various resources available to help people with arthritis: information and education available from various sources, including the Michigan Department of Community Health; the growing availability through hospitals and community education of classes on Tai Chi, Yoga, Pilates, stretching classes, and weight training for older adults; the “Rails to Trails” programs for walking and biking.

Looking to the future, the Council cited the need to explore holistic/alternative health approaches as supplements to traditional primary care. They suggested a media campaign to saturate older adults and family members with clear information and education about the value of exercise; and they encouraged people, especially mid-life and older, to exercise according to their health status and with a doctor’s approval.

Asthma: While childhood asthma is better known, adults have about the same prevalence rates. In an overview of asthma issues, the Asthma Initiative of Michigan and the Asthma Coalitions of Michigan were described. Asthma is a disease that combines both individual and environmental factors, so in addition to diagnosis and treatment, the Department of Community Health is interested in community action to prevent or reduce asthma incidence.

The Council noted that asthma education is frequently available from hospitals, clinics, and physicians. It's important for adults as well as children to be aware of the signs of asthma and how to control asthma if diagnosed. For the future, Council members cited the need for a media awareness campaign on asthma, other than advertisements for specific medications. They supported radio and television asthma alerts when the air quality is hazardous to people with asthma. They also suggested that health professionals be educated to screen older adults for asthma, since research indicates the incidence is growing among adults.

Diabetes: Michigan has the 7th highest diabetes prevalence in the nation. Over 500,000 adults in Michigan have diabetes and more than a million adults have either pre-diabetes or diabetes. More than 227,000 adults have diabetes and don't know it. Michigan also has a high rate of diabetes complications due to the obesity factor. These include eye disease, blindness, kidney disease, and amputations.

A key fact is that, in many cases, diabetes can be prevented. Again, important factors are physical activity, eating a low-fat diet and weight control. These factors can help prevent or manage diabetes. Such lifestyle changes make sense. The Diabetes Prevention and Control Program provides self-management training, and MI Outreach Networks work locally on prevention, detection, and treatment.

The Council discussed the importance of training for diabetics, providing support groups, and using the media to inform people about the consequences of undiagnosed or untreated diabetes. They also cited complacency among people about diabetes, especially since the devastating consequences of the disease tend to occur years after diagnosis.

For future actions, the Council suggests that people talk with their physician about blood glucose testing during their annual physical, since it is important to identify the disease early. Optometrists should refer a person to a primary care physician if symptoms of untreated or unmanaged diabetes are evident during an eye exam. The local senior health fairs should provide information on diabetes diagnosis and management. Again, walking and eating a healthy, varied diet can help people at risk to avoid diabetes.

Osteoporosis: Osteoporosis is a "silent disease," since there are no obvious symptoms until a bone is broken in a minor mishap. All bones are porous, but in osteoporosis the porosity increases, weakening the bone structure and making bones subject to fractures and compression through normal activities. There are risk factors for developing osteoporosis and the majority of people diagnosed are women. The prevalence of osteoporosis increases with age and is higher among lower-income adults.

There are lifestyle behaviors to reduce the risk: increase weight-bearing activities; consume adequate calcium and vitamin D; don't smoke; and limit alcohol consumption. There are 1.5 million adults in Michigan with either osteoporosis or osteopenia. Osteopenia is the designation for bones showing thinning, but which have not reached the porosity of osteoporosis. The Michigan Osteoporosis Project provides public education, since lifestyle habits can prevent the disease.

The Council cited the importance of health fairs and older adult health education to inform midlife and older adults about osteoporosis. Several health fairs have used mobile testing units on-site at wellness events. The Dairy Council has done a good job of keeping the need for calcium in the public's awareness.

For the future, the Council again suggested that midlife and older women ask about bone-density testing at their annual physical exam. The test can identify someone at risk of a broken bone. Information and education about the benefits of calcium and physical exercise in preventing and treating osteoporosis need to continue. The Council also suggested that information about osteoporosis could be available at beauty salons.

After hearing the presentations on these various chronic diseases, the Council suggested that local aging service providers should plan a "chronic disease management training" for employees, similar to these presentations. Staff of aging services could use the information about risk factors, symptoms, and management of diseases, but the Council liked a combined agenda, rather than focusing on a single disease. It was also noted that for all these diseases, there are key individual health or lifestyle choices that can be made either to prevent or manage the disease and its symptoms. The Council noted that "Move More, Eat Better, and Don't Smoke" applied to all conditions.

URBAN ELDERLY HEALTH ISSUES

The Council received information about urban-elderly health status and health care issues from the team that produced the report, "Dying Before Their Time." The Detroit Medical Center and aging advocates identified changes in the urban-elderly mortality rates, specifically in Detroit. Detroit lost 23% of its senior population between the 1990 and 2000 census. The study that ensued was to determine the factors responsible for this dramatic decrease.

The research found that the death rate is high for Detroiters both under and over age 60; that the hospitalization rate is higher for people age 60 and better; and that many of the excess deaths are due to conditions that can be controlled, e.g., chronic illness, or managed by access to health treatments. Excess mortality refers to deaths that occur for conditions that otherwise could be treated or managed in a less severe stage. While Detroit leads the state in excess mortality, there are nine cities in Michigan with excess mortality rates for older adults.

The majority of Detroit seniors have at least one chronic illness, and about half of all seniors live in a federally designated medically underserved area. Three factors - chronic illnesses, poor access to care, and poverty - combine to produce a delay in seeking treatment, resulting in more advanced stages of illness and a higher number of complications. Excess hospitalization refers to people delaying treatment of a disease until the only option is hospitalization. One factor that leads to delay is the ratio of physicians to the population. Typically, there is one primary care physician for 1,500 people. In Detroit, there is one primary care physician for 5,000 people.

SUMMARY: The Council identified some common factors across these topics:

- People can make healthy choices to reduce the incidence or control the effects of several key chronic illnesses. Move More, Eat Better, and Don't Smoke.
- The Michigan Surgeon General's Prescription for a Healthier Michigan gives information and resources to achieve better individual health. These and other resources are available and should be disseminated widely to older adults. (See Resources section.)

- Despite individual choices, there are larger factors that affect individual health outcomes, such as the availability of health care, the environment's impact, and individual resources. These ultimately contribute to an increased risk of hospitalization and premature death, especially for urban elders.
- The aging network needs to place a focus on health promotion and disease prevention activities aimed at older adults to enable them to age in place.

Elder Friendly Communities, Revisited

In the past year, there have been noteworthy accomplishments and local activities to encourage elder-friendly communities. Following the 2004 Report on Elder-Friendly Communities, the Office of Services to the Aging was added to the Cool Cities Coalition, a group of state departments and units that provides coordination on the Cool Cities Project. The membership on the Coalition implemented one of the Council action steps: to have aging participation on the state level coalition for Cool Cities.

AdvantAge in Grand Rapids: “Creating Community for a Lifetime” is the project of the Area Agency on Aging of Western Michigan and the Grand Rapids Community Foundation. Based on the projected growth of the aging population in Kent County, the Grand Rapids Community Foundation developed a partnership with the area agency on aging to explore options to assess the community impact of an aging population. The model adapted for this project is AdvantAge, developed by the Visiting Nurses Services of New York.

“Creating Community for a Lifetime” is a multi-year, community-wide initiative seeking to answer questions about the adequacy of current systems of support, the impact of the baby boomers on communities, and the ability to tap the resources of vital older adults to contribute to the community. It is an attempt to lay the groundwork for future changes and adaptations as the demographic shift occurs.

In the first phase of the project, more than 80 community leaders are meeting to discuss needs and opportunities for older adults. A public forum of over 400 people provided a “focus group” perspective from an array of community residents, providers, and leaders. Through an asset-based survey done by phone, the community leaders gathered additional input. The focus has been to integrate aging concerns into the community. This means educating even the Chief of Police about older adult issues and needs. Through the exchange of ideas and the gathering of public input, community leaders hope to steer Grand Rapids towards its goal.

Aging in Place in Region 3-B Area Agency on Aging: Region 3-B Area Agency on Aging was selected by the National Association of Area Agencies on Aging and Partners for Livable Communities to participate in an 18-month national demonstration project. The goal is to improve livability for older persons and create a broad awareness of aging resources and issues. A planning committee defined the process and identified some banner issues, such as downtown livability, wellness, and older adult representation.

Partners for Livable Communities is a nonprofit leadership organization working to improve the livability of communities by promoting quality of life, economic development, and social equity. In cooperation with the National Association of Area Agencies on Aging, they have launched a joint initiative to facilitate a community dialogue on "aging in place," and to assist community leaders in developing an action plan to ensure programs and services are in place so that communities are good places to grow old. The overall objective of the Aging in Place Initiative is to assist communities to improve their livability for older persons and, in turn, increase livability for all people.

Each community selects its own banner issue to promote the concept of aging in place from the broad range of programs and services needed to assist older adults as they age in place, including issues related to community planning, housing, transportation, public safety, education/life long learning, workforce development, and retirement planning, among others. The 3-B project has completed Phase 1 of strategic organizing, and they selected community wellness as the banner issue.

Vital Aging: The Michigan State University Cooperative Extension Services' Vital Aging Committee selected elder-friendly communities as its focus. The Extension Services' staff brought a proposal for the Council to be involved with the Vital Aging project to certify elder friendly communities. The Council reviewed and discussed the proposal to assist the Extension Services to recognize and certify “elder-friendly” factors in communities. The idea was enthusiastically received and submitted to the Commission on Services to the Aging for approval. The Commission approved and the Council will be involved in reviewing the criteria used to determine elder-friendly aspects of a community, and to review and recommend communities for certification by the Commission.

Factors of an Elder-Friendly/Livable Community: The goal of creating elder-friendly/livable communities is to allow people to live at home despite deficits in functioning and/or mobility. While it is important for community planners and housing designers to provide a supportive environment, it is also important for individuals to utilize the resources that help maintain health and functioning.

After learning about the various programs and activities to promote healthy behaviors, the Council decided to add a seventh factor to their list of factors for elderly-friendly communities in its 2004 Annual Report. The factors are:

- 1. Walkability**
- 2. Supportive community systems: the ability to give and receive assistance**
- 3. Access to health care**
- 4. Safety and security**
- 5. Housing**
- 6. Transportation**
- 7. Health promotion/disease prevention programs for all ages**

STATE ADVISORY COUNCIL MEMBERS' ACTIVITIES

Information Sharing:

Several Council members are also members of area agencies on aging advisory boards. For most, giving a report about the State Advisory Council's meetings and activities is a standing agenda item.

One Council member took the handouts and brochures from the sessions to her agency and reported on the presentations at their staff meeting and shared the information with the Commission on Senior Adults and other groups she attends. .

Another Council member has filled the information rack at the local senior center with materials on health promotion from Council presentations. Council members have put health promotion posters in various public settings, such as office doors, hospitals, and senior centers.

Another Council member shared the health promotion information and materials with Region IV Area Agency on Aging Advisory Council. The Region IV council members were also challenged again this year to begin a STEPs program.

The Elder-Friendly Community information was shared with the Region 14 AAA and South Haven Senior Services. The first Annual Van Buren Senior day will be held on June 8, 2005, with an emphasis on health promotion. The council member introduced this idea at a senior issues group meeting, and the Van Buren Dept. of Human Services, South Haven Senior Center, and the AAA are sponsoring it. We are working on a proposal for "Seniors: Safe, Sound, & Secure" grant money. The member was also asked to share information on Elder-Friendly Communities with a Senior Center in Kalamazoo County where she lives.

A member of the Council serves on the Medicaid Long Term Care Task Force and has found the information on health promotion to be valuable.

Education:

One Council member, an educator, has provided information to the community through educational participation. She took part in an educational program to educate new caregivers in her community about older-adult issues and served on panels on various health-related concerns among the older population.

Another Council member established a fund at MSU which, when fully endowed, will grant small awards to Social Work faculty and students for projects that focus on curriculum content and activities related to Social Work with Older Adults. She hopes to interest more undergraduate and graduate students in Gerontological Social Work. The graduate students who visited our Advisory Council meeting were part of this effort.

Media Outreach:

Council members bring a wonderful array of talents and skills to meetings. One member is a webmaster for a public website on aging <http://seniors.tcnet.org/> He took the Michigan

Surgeon General's "Prescription for a Healthier Michigan" and added to each web page the question, "Do you want to live longer?" Clicking it leads the visitor to a page that states: Don't smoke; Eat right; and Exercise. Each item links to additional resources, ranging from smoking cessation program information to healthy recipes to the National Institute on Aging guide to exercise.

This council member also has a radio show, and while the topic is not aging, information gained at Council meetings is frequently woven into the program.

Community Initiatives/Program Development:

In the past year, a Council member worked with the Forsyth Senior Center to obtain a mini health-promotion grant to provide the Eating Better & Moving More Program. This program was geared toward helping seniors to improve and/or maintain their quality of life and independence. The *Ageless Agates* members actively participated in nutrition mini-talks and moderately intense physical activity twice a week for 12 weeks. The program focused on each individual's endurance, strength, balance, and flexibility, along with education on proper nutrition. This group continues to meet even though grant funds no longer support it. Eight to twelve older adults took part in this rural health promotion program.

A member reports that the facility where he works has remodeled to provide a multi-purpose room to be able to offer health programs to the community.

The dietician at this facility encourages staff to "move more, eat less" by holding an annual three month contest. Staff do steps and work on weight loss for 3 months (January, February and March). The person with the most miles and most weight loss gets a prize. The council member is in the running.

One member has also worked with the Southfield Mayor and Mayor's Assistant on the Cool Cities Project. The Mayor has regular walks. There is a lot of emphasis on physical activities and opportunities to exercise.

A Council member's agency applied for and received a grant for Seniors Observing Safety (SOS). This new program at the Council on Aging will provide free home safety checks, a magnetic File of Life for refrigerators, and help in finding resources to correct identified safety issues. The goal of seeking the grant is to help people remain living safely and independently.

One Council member serves on the county Multi Purpose Collaborative Body that conducted a survey to identify areas of concern and address barriers. The four main areas of concern: Children/Family Services, Seniors, Transportation, and Technology. Each topic had three top issues. A vote established the top four projects among twelve issues. The second issue on the agenda is to work on fostering an interagency cooperation between the senior agencies in Lapeer. This will be addressed within a special appointed Ad Hoc group of the MPCB to improve efficiency to meet the needs of older adults.

**2004-2005
STATE ADVISORY COUNCIL ON AGING**

Liana M. Bachand, Chair
Midland MI

Gerald A. Betters
Powers, MI

David Ellens
Holland, MI

Barbara Farris
Lawton, MI

Willie Felder, Sr.
Detroit, MI

Hope Figgis
Traverse City, MI

Eleanore Flowers
Jones, MI

Linda Geml
Kalamazoo, MI

Lois M. Hitchcock,
Msw/Csw
Southfield, MI

Alice Richmond-Hurst
Sturgis MI

Viola Johnson
Battle Creek, MI

Lucille Jones
Flint, MI

Fred Leuck
Lapeer, MI

Diane Levande
East Lansing, MI

Kate Snow-McCaffrey
Harbor Springs, MI

Penny Murphy
Flint, MI

John Pedit
Redford MI

Alfred L. Peloquin
Bay City, MI

Lucas Pfeiffenberger
Alpena MI

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Dearborn, MI

Dolores Remick
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Gail Ringelberg
Grand Haven, MI

Kenneth D. Robbins
Muskegon

Ben Robinson
Grosse Pointe Farms, MI

Gil Ruiz
Whitaker, MI

Cynthia Saunders
Ypsilanti, MI

Michael J. Sheehan
Cedar, MI

Clyde Sheltroun
West Branch MI

Aimee Sterk
Jenison, MI

Dean Sullivan
Quincy, MI

Rex Thatcher
Bay City, MI

Louise Thomas
Kentwood, MI

Mary Jane Tremethick,
Negaunee, MI

Alberta Trimble
Detroit, MI

Terry Vear
Hillsdale, MI

Janet Watz
Lapeer, MI

Donna Weinreich,
Kalamazoo, MI

Marilyn Willson
Lincoln Park, MI

Ex Officio Members:

Regina Allen
Social Security
Administration
Okemos, MI

Judy Karandjeff
Director
Women's Commission
Lansing, MI

Staff:

Sally Steiner
Chris Korloch
Office of Services to the
Aging

STATE ADVISORY COUNCIL ON AGING
Presenters and Guests

Presenters:

Shirley Bentsen
Office of Services to the Aging

Eric Berke
Office of Services to the Aging

Paul Bridgewater
Detroit Area Agency on Aging

Jane Church
Office of Services to the Aging

Sandra Davis
Area Agency on Aging of Western
Michigan

John Dowling
Public Health
Department of Community Health

Gwen Imes
Public Health
Department of Community Health

Mary Johnson
Medicaid/Medicare Assistance Program
(MMAP)

Sherri King
Office of Services to the Aging

Judy Lyles
Michigan Public Health Institute

Paul McCounaghy
Cooperative Extension Services
Michigan State University

Tim McIntyre
Burnham Brook
Battle Creek

Wendi Middleton
Office of Services to the Aging

Cherie Mollison
Office of Services to the Aging

Dr. Herb Smitherman
Detroit Medical Center

Michelle Twitchell
Public Health
Department of Community Health

Louise Whitney, R.D.
Office of Services to the Aging

Dr. Kimberlydawn Wisdom
Michigan Surgeon General
Department of Community Health

Guest Commissioners:

Commissioner Jerutha Kennedy

Commissioner Donna Malone

Commissioner Rose Gill

Commissioner Dona Wishart

Office of Services to the Aging:

Sharon Gire, Director

Peggy Brey, Deputy Director

Cherie Mollison, Division Director

Holliace Spencer, Division Director

Sherri King

Laura McMurtry

Lauren Swanson

Morgan Gable, intern

Kristi Walton, intern

Guests:

Lee Kallenbach, Wayne State University

Eileen Malone-Beach, Central Michigan University

Alice Sevonty, Detroit Area Agency on Aging

Alyssa Baumann, Michigan State University

Mary Anne Henry, Michigan State University

Margaret Kapla, Michigan State University

Kasey Lance, Michigan State University

Keiko Nakamura, Michigan State University

Sally Rypkema, Michigan State University

RESOURCES

Health Promotion/Disease Prevention

Department of Community Health <http://www.michigan.gov/mdch>

Healthy People 2010 Report: <http://www.healthypeople.gov/>

Also at Healthy People site: “Healthy People in Healthy Communities: a Community Planning Guide Using Healthy People 2010.”

National Institute of ARTHRITIS and MUSCULOSKELETAL and SKIN DISEASES
Information Clearinghouse, National Institutes of Health (877) 22-NIAMS (226-4267)
<http://www.niams.nih.gov>

National DIABETES Information Clearinghouse
National Institutes of Health (800) 860-8747
<http://diabetes.niddk.nih.gov>

National Health Information Center, U.S. Department of Health & Human Services
<http://www.healthfinder.gov/>

Asthma:

American Academy of Allergy, Asthma and Immunology
<http://www.aaaai.org/>

Asthma and Allergy Foundation of America
<http://www.aafa.org/>

American Lung Association
<http://www.lungusa.org/>

Osteoporosis:

National Osteoporosis Foundation
<http://www.nof.org/>

National Resource Center for Osteoporosis and Bone-Related Health
<http://www.osteoporosis.org/>

Exercise for older adults:

National Library of Medicine and National Institute of Health
<http://www.nlm.nih.gov/medlineplus/exerciseforseniors.html>

Internet Resources for “Elder-Friendly/Livable Communities”

Cool Cities Initiative	www.coolcities.com/
The AdvantAge Initiative	www.vnsny.org/advantage/index.html
Florida Department of Elder Affairs, “Communities for a Lifetime”	www.communitiesforalifetime.org/
Naturally Occurring Retirement Communities (NORCs)	
Administration on Aging	www.aoa.gov/
Senior Resource	www.seniorresource.com/
Walkable Communities, Inc.	www.walkable.org/
Robert Wood Johnson Foundation “walkable” communities	www.rwjf.org/programs/physicalactivity.jsp
Pedestrian and Bicycle Information Center	www.pedbikeinfo.org
Grantmakers in Aging	www.giaging.org
Partners for Livable Communities	www.livable.com/
“Active Living for Older Adults: Management Strategies for Health and Livable Communities” Leadership for Active Living San Diego State University	www.leadershipforactiveliving.org
AARP Livable Communities Evaluation Public Policy Institute	www.research.aarp.org/consume/d16905_communities.html
Local Government Commission, Center for Livable Communities	www.lgc.org/center
Cleveland Foundation	www.clevelandfoundation.org
“Successful Aging” Active Aging: A Lifetime of Good Health	www.successfulaging.org